



WILSON HALL SUMMER CARE





May 28 - August 14

Join us for another exciting time during Summer Care at Wilson Hall! We'll be splashing, skating, crafting and laughing our way through summer!

Activities, lunch and snacks provided.

Sign up today!



Wilson Hall Summer Care 2020

May 28 - August 14

7:45 a.m. - 5:45 p.m.

- Summer care is available to students enrolled for the 2020-2021 school year. This includes rising Preschool 4-year old through rising 5th grade students.
- **Registration forms and \$50 per family registration fee is due by Friday, May 15th.**

SUMMER CARE TUITION	
May 28 - August 14	
ONE STUDENT \$40 per day	ADDITIONAL SIBLING \$30 per day
Price includes activities, lunch, snacks, and one Summer Care t-shirt.	

- Attendance slips are due on Wednesday by 5:45 p.m. prior to week of attendance. A late fee of \$20 will be billed if attendance slip is received after the Wednesday deadline.
- **No attendance revisions may be made after the deadline on Wednesday at 5:45 p.m.**
- Fees may be paid by cash, check, or online through ParentsWeb.
- **Unused paid days may NOT be transferred to a future date.**
- Pick up after 5:45 p.m. will result in a late fee of \$20.

For more information, contact
Martha Jane Barnes at 803.840.4664 or marthajanebarnes@wilsonhall.org



Wilson Hall Summer Care

Policies Agreement

For admittance into the Summer Care Program, you must read and agree to the following:

- Fees are non-refundable and non-transferable.
- All attendance slips are due by 5:45 p.m. on the Wednesday before each week begins.
- I will not leave my child at Wilson Hall unless Summer Care staff is able to receive and supervise my child. No child will be accepted before 7:45 a.m.
- Summer Care staff will contact me if my child becomes ill or in the event of an emergency. If unable to be reached, I authorize the staff to obtain immediate medical care.
- I grant permission to the Summer Care staff to administer over the counter medication (i.e. Tylenol, Ibuprofen, and Benadryl) and to apply insect repellent and/or sunscreen to my child.
- I permit my child to ride on authorized Wilson Hall buses for the purpose of transportation and participation in activities and trips sponsored by the WH Summer Care Program.
- A certified lifeguard will be present during all swimming activities.
- Children must be potty trained and able to dress themselves (swimwear to dry clothes).
- Summer Care follows and enforces the disciplinary procedures stated in the Wilson Hall Handbook. Bullying, profanity or aggressive acts towards other students or staff will NOT be tolerated. The school reserves the right to refuse or terminate any student from the program who is not willing to cooperate fully with the director, staff, or participants.

Student(s) Name: _____

Parent Signature: _____ Date: _____

**** Return with \$50 registration fee and form by May 15th ****



Wilson Hall Summer Care

2020 Registration Form

**** Registration fee of \$50 per family is required and due by May 15th ****

_____ Student's Full Name		_____ Date of Birth	
_____ Date of Enrollment	_____ Age	_____ Gender	_____ Grade (2020 – 2021 school year)
_____ Full Name of Parent/Guardian		_____ Relationship	
_____ Primary E-mail Address		_____ Primary Phone Number	
_____ Full Name of Parent/Guardian		_____ Relationship	
_____ E-mail Address		_____ Phone Number	

Emergency Contact Information (Other than Parent/Guardian Listed Above)

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number _____

Parent/Guardian Signature

Date

T-shirt size (circle one):

Youth: 2T 4T YX-Small Small Medium Large

Adult: Small Medium Large X-Large

PARENT'S AUTHORIZATION FORM FOR CDCC AND GDCH

Day Care Name: Wilson Hall Baron Care Child's Name _____

A. DISCIPLINE:

Do you understand the discipline policy of the day care? _____ YES _____ NO

Does this day care use corporal punishment as discipline? _____ YES _____ NO

If so, do you give your permission for the staff to spank your child? _____ YES _____ NO _____ N/A

Signature

Date

B. MEDICINE:

I give permission for prescription and non-prescription medicine to be given to my child.

Signature

Date

C. EMERGENCY MEDICAL TREATMENT

I give permission to Baron Care to obtain emergency medical treatment.
Name of Day Care

Signature

Date

D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAY CARE:

Signature

Date

E. I give permission for my child to be transported to and from the day care. I give permission for my child to be transported on field trips.

Signature

Date

F. I give permission for my child to participate in swimming activities.

Signature

Date



Wilson Hall Summer Care

Release of Children

In compliance with DSS Regulation No. 114-503.F (2), your child will be released only to those people listed on this form. Additional names can be added by putting the additional name in writing and delivering it to the caregiver in person. No phone calls or notes will release a child to someone not on this list.

The following people have permission to pick up _____
(Student Name)

from Baron Care:

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Please have your child picked up by 5:45 p.m. There will be a late pickup charge of \$20 after 5:45 p.m. Staff will provide documentation of children picked up after 6 p.m. to the director on the following workday. Parents will be billed for additional charges stemming from tardy pick up. Late payment must be made with the next month's regular payment.

Parent Signature: _____

Date: _____

South Carolina Department of Social Services
Child Care Regulatory Services
**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (K5 up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**

Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____

Name

Street Address

City, State, Zip

Telephone

Health Insurance Provider: _____

Name

Certificate of Immunization: Yes NO N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments:

I certify that to the best of my knowledge _____

Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature _____ Date _____

Parent or Guardian

Signature _____ Date _____

Director/Operator/Staff Designee



Wilson Hall Summer Care

2020 Registration Checklist

- 2020 Summer Care Registration Form
- Wilson Hall Summer Care Program Policies Agreement
- Parent's Authorization Form for CDCC AND GDCH
- DSS Regulation No.114-503.F (2) – Release of Children
- DSS Form 2900 – General Record and Statement of Child's Health
- Copy of Immunization Record
- Copy of Birth Certificate
- Registration Fee (\$50 per family due by Friday, May 15th)

*All completed paperwork and registration fee must be turned in by **Friday, May 15, 2020** before a student can attend Summer Care.*